## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99 0000 32210 May 03, 2001 8:00 am Secretary of State 1. Entity Name CALLBRIDGE INTERNATIONAL, INC. 05-03-2001 90995 004 \*\*\*150.00 Principal Place of Business Mailing Address 1900 Harbor City Blvd. 1900 Harbor City Blvd. Suite 100 Suite 100 Melbourne, FL 32901 Melbourne, FL 32901 2. Principal Place of Business 3. Mailing Address 1900 Harbor City Blvd. 1900 Harbor City Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 100 Suite 100 City & State 4. FEI Number Applied For City & State 59-3569167 Not Applicable Melbourne, FL Melbourne, \$8.75 Additional 5. Certificate of Status Desired 32901 32901 Fee Required USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jerry Taylor Street Address (P.O. Box Number is Not Acceptable) 1900 Harbor City Blvd. Suite 100 Melbourne, FL 32901 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001. Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition TITLE ☐ Delete P/T/S/D NAME NAME Jerry Taylor STREET ADDRESS STREET ADDRESS 1900 Harbor City Blvd., Ste. 100 CITY-ST-ZIP CITY-ST-ZIP Melbourne, FL 32901 Change ☐ Addition TITLE TITLE NAME NAME Eugene Shchemelev STREET ADDRESS STREET ADDRESS 1900 Harbor City Blvd., Ste. 100 CITY-ST-ZIP CITY-ST-ZIP Melbourne, FL 32901 ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

Jerry Taylor, President

4-16-01

Date

Daytime Phone #

Change

☐ Change

☐ Addition

Addition